EXTENSIONS OF REMARKS

H.R. 3650

HON. BILL RICHARDSON

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 26, 1993

Mr. RICHARDSON. Mr. Speaker, after the Senate passed a 120-day extension of the moratorium on the implementation of the regulations for the Nutritional Labeling and Education Act on November 20, I assumed the House would follow suit and provide additional time to legislate a comprehensive dietary supplements bill. I am sorry to report that my assumption was wrong.

The Hatch-Richardson bill, H.R. 1709/S. 784, has been the subject of over 24 hours of scrutiny and careful examination in the congressional hearings over the past 4 months. The bill introduced on the House floor Monday night, H.R. 3650, the Dietary Supplement Access and Claims Moratorium Act of 1993, has not been the subject of any congressional hearings. Even so, one would assume with so many hours devoted to dietary supplements in congressional hearings this past year, this bill introduced in the last night of the first session would accurately address the concerns of supplement users aired in those hearings. Once again, I am sorry to report that assumption is wrong.

The shortcomings of H.R. 3650 begins with a narrow definition of a dietary supplement. The definition is critical to other sections of the bill. The definition in H.R. 3650 does not provide for the development of future products, thus allowing them no protection against categorization as a drug or food additive. The definition also excludes some products currently on the market.

Section 102(a) of H.R. 3650 prohibits the need for a prescription for dietary supplements on the market now that are not treated as drugs by the Food and Drug Administration [FDA]. However, section 102(a) does not prohibit the FDA from categorizing existing or future products as drugs. For this reason, section 102(a) of H.R. 3650 does not completely dispel concerns about access to dietary supplements.

I am pleased to see the elimination of food additives status in section 102(b) of H.R. 3650. However, the limited definition of a dietary supplement weakens the impact of this elimination.

Furthermore, the attempt to prohibit a dietary supplement from being considered a drug is incomplete because section 201(g)(1) does not protect supplements about which nutritional support claims and health claims are made. Manufacturers should be able to make such claims if those claims are truthful, nonmisleading and supported by the totality of currently available scientific evidence.

Section 102(c) of H.R. 3650 appears to shift to the FDA the burden of proof that a product is unsafe. However, the way the section is written the burden would actually shift back to the manufacturer to product positive evidence of safety if the FDA claims the product is not safe.

Finally, the 6-month extension of the moratorium on the Nutrition Labeling and Education Act regulation is incomplete. This section of the bill leaves the restrictive NLEA health claims proposal for dietary supplements in place. Apart from one approved health claim and one proposed health claim, every dietary supplement with a health claim will not be allowed to remain on the market under this bill. The 6-month moratorium in H.R. 3650 does not in any way direct the FDA to change its highly restrictive view of the standard for dietary supplement health claims.

For all of the reasons stated above, I cannot support H.R. 3650. Now that the moratorium appears set to expire, let's move forward and pass a comprehensive bill that balances the need for consumers to have access to dietary supplements with the need for adequate fraud and safety precautions.

THE HEALTH SECURITY ACT OF 1993

HON. BILL RICHARDSON

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Friday, November 26, 1993

Mr. RICHARDSON. Mr. Speaker, for far too long, this Nation has been struggling with very difficult problems facing our health care system. Costs have been increasing at well over twice the rate of inflation each year. The number of people without insurance, particularly young children, is disturbing. Obvious and glaring inefficiencies continue to proliferate, especially in the reporting of health claims.

I commend the President for beginning to tackle these difficult problems in the Health Security Act of 1993. I believe the goals he has laid out for health care reform—security, savings, simplicity, quality, responsibility, and choice—are what we should all strive for in any health care reform. The President's plan represents an excellent framework for achieving those goals and that is why I have joined 99 of my colleagues including all of the House leadership as original cosponsors of the President's plan as introduced in the House, H.R. 3600. However, this does not mean that I endorse all parts of the plan.

To reach perfection in the first legislative draft of a health care reform plan is a tall task. I believe there are potential problems with the President's plan that need to be debated and carefully examined.

The employer's share of the costs of individual and family coverage may be burdensome to business owners in spite of subsidies. It may be difficult to keep wages from falling, particularly among the group of employees hardest hit in the past 20 years—blue-collar workers and small business employees. The value of health benefits will not be as evident to them as salary and other benefits.

The formation of health alliances must be very carefully undertaken. Managed care, let alone managed competition, does not have a strong track record in rural areas or traditionally underserved areas. Maximum flexibility must be provided to rural areas to create their own community-based networks of care.

Community health centers and migrant health centers must be given full support to continue to function independent of the alliance system, if need be, and not be inadvertently punished for serving as a safety net. These health centers have served an incredibly important function for people who have had no other recourse to get health care. They can still serve an important function under any new system. Public health must continue to be one of the top priorities of any new health care delivery system.

The financing of any health care reform plan will be carefully scrutinized because of the large transactions involved. Possibly more than any other aspect of health care reform, we must not lose the confidence of the public on the financing of a health care reform plan. They must be confident that any new revenues or additional spending will truly be devoted to health care reform.

In order to enhance accountability, I believe we should consider separating revenues and spending for health care reform from the other parts of the Federal budget. This will help to keep a check on any unfettered entitlements while also keeping public confidence high.

Certainly, health care reform will be a difficult undertaking. Nevertheless, we must tackle the problems of the system and find solutions before those problems become any more intractable. H.R. 3600 places some potential solutions on the table. Some of those solutions would undoubtedly help our ailing system. Other potential solutions, as I have pointed out, could make our system weaker. More debate and discussion is needed on those parts of the President's plan. After all, attempts to reform our health care system should follow one of the primary rules of medicine: First, do no harm.
